

Foster Family Home - Corrective Action Report

Provider ID: 1-150009

Home Name: Victor Laforteza Jr., CNA

Review ID: 1-150009-7

98-550 Kaamilo Street

Reviewer: Lisa Johnson

Aiea HI 96701

Begin Date:

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 3/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/12/19.

Foster Family Home Personnel and Staffing [11-800-41]

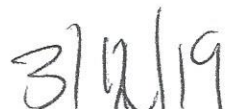
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

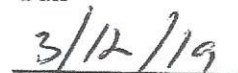
Comment:

41.(f)(1). HHM#1 No proof of positive/negative TB skintest during 2018. Skintest done 7/2017 and next one done 1/2019.


Compliance Manager


Primary Care Giver


Date


Date

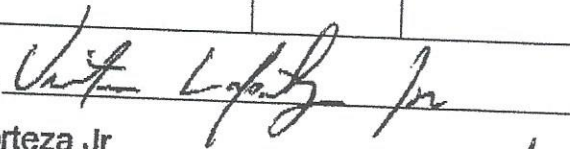
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Victor M. Laforteza Jr

CCFFH Address: 98-550 Kaamilo St., Aiea, Hawaii 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(f)(1)	Lapse cannot be corrected.	3/14/19	Home understand the proof of positive/negative TB skintest requirements should be taken and filed before the due date. Home will use calendar on iphone and message board to do list to input all due dates to prevent any future lapses.

Primary Caregiver's Signature:



Print Name: Victor M. Laforteza Jr.

Date of Signature: 3/14/19